



LOS ANGELES COUNTY DISTRICT ATTORNEY'S OFFICE
BUREAU OF INVESTIGATION
MAJOR FRAUD DIVISION

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Guidelines for Completing the Fraud Complaint Form

Before filling out the attached complaint form, please take the time to read these guidelines. They will help you to understand our function, and we will be better able to understand and act on your complaint.

What We Can Do:

The Los Angeles District Attorney's Office Major Fraud Unit investigates sophisticated, multi-jurisdictional, multi-defendant fraud cases where the total dollar loss is over \$300,000.00. Typical cases involve complex investment schemes, embezzlement of company funds, tax fraud and forgery. This office is not legally permitted to represent individuals in civil matters, take action in order to obtain money owed a consumer, help cancel any debt due on a contract that was signed, resolve or mediate individual consumer complaints, or obtain any other personal relief. Those functions are performed by a number of other government agencies established for that purpose.

When we receive a consumer complaint, we review all the information and the supporting documentation that was included. If the complaint does not meet the above listed criteria to open a case, then we do our best to refer you to an agency appropriate to handle the type of matter involved. Many consumer disputes are not appropriate for government action, but are altogether proper for private legal action. It is generally a good idea to consult with private counsel to explore private legal remedies that might be available. In small matters, local small claims courts should also be considered.

How You Can Help Us:

A. Write or type a **one page** summary of your complaint and please include the following information:

1. Tell us **what** happened.
2. Tell us **who** you think the person(s) or company that is responsible for the loss.
3. Tell us **where** (address, city and state) the incident took place.
4. Tell us **when** the fraud occurred. Please list exact dates, if known.
5. Tell us what your actual financial loss is. Do not include lost interest, unrealized profits or missed opportunities.
6. Tell us when you first became aware that you may have been defrauded by the individual(s) or company you were dealing with.

- B.** Documentary evidence is especially important, therefore, please only include photocopies of the material you wish us to review and retain the originals for your records.
- C.** Type or print clearly in ink.
- D.** If you have any questions concerning this form, you may call the Major Fraud Duty Investigator at (213) 580-3200 during regular business hours, Monday through Friday 8:00 am to 5:00 pm.
- E.** Upon completion of all the sections of the complaint form, please mail the form along with copies of your supporting documentation to:

**Office of the District Attorney
Bureau of Investigation
Major Fraud Unit
201 N. Figueroa Street, 16th Floor
Los Angeles, California 90012**

Attn: Supervising Investigator

All complaints must have the attached complaint form completely filled out and the form must be signed and dated by the complaining party (not by their attorney) before a case can be opened.

We sincerely hope this information will be of assistance to you.

MAJOR FRAUD SECTION
COMPLAINT FORM

Your Full Name:	Residence Address:	Phone Number:
Occupation:	Business Address:	Business Phone:
I declare I have a complaint against:		
Full Name of Suspect:	Suspect's Address:	Suspect's Phone:
Business Name:	Business Address:	Business/Cell Phone:
<p>The following documentation supports my allegation and is incorporated and made a part of this complaint:</p> <ul style="list-style-type: none"><input type="checkbox"/> Contract or Agreement (Description of what you thought you were investing in)<input type="checkbox"/> Cancelled check(s) (Front & Back)<input type="checkbox"/> Employee Contract<input type="checkbox"/> Employee Job Duties<input type="checkbox"/> Invoices, Accounts Payable, Account Receivable<input type="checkbox"/> Correspondences between you and the suspect(s) (Letters, E-mails, Faxes)<input type="checkbox"/> Copies of all documents which relate to your complaint which are not listed above.		
Date(s) of Transaction:	Place where Transaction Occurred (Address, City, State):	
Amount(s) Invested or Stolen:		Date of Last Transaction:

Have you or any other victim filed a civil action (lawsuit) in any court in this matter?

☐ No

☐ Yes: If yes please provide copy of court documents and the date of filing (Include case number).

Have you filed this complaint with another law enforcement or consumer protection agency?

☐ No

☐ Yes If yes, provide the name, address and phone number of agency, and the person handling the case.

Have you contacted the suspect(s) or business regarding your complaint and demanded restitution of yours funds?

☐ No

☐ Yes If yes, name of person you contacted and the date(s) contact(s) made:

Have you had a previous business or personal relationship with the suspect(s), firm or controlling person?

☐ No

☐ Yes If yes, indicate the nature of the relationship, the duration and whom it was with.

Please attach your one page summary to this complaint form. If additional room is needed to answer any of the above question feel free to attach additional sheets.

NOTE: Section 148.5(a) of the California Penal Code states:

“Every person who reports to any peace officer listed in section 830.1 or 830.2, district attorney, or deputy district attorney that a felony or misdemeanor has been committed, knowing the report to be false, is guilty of a misdemeanor.”

I declare under penalty of perjury under the laws of the State of California that the foregoing statements and photocopies of attached documents are true and correct.

Date: _____

Signature of Complainant